

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN MarumscoLENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

En route hospital, Crisfield

3. NAME OF
DECEASED:
(Type or Print)

(First) CARROLL

(Middle) WARFIELD

(Last) ADAMS

5. SEX: Male

6. COLOR OR
RACE: White7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify): Married

8. DATE OF BIRTH: Nov 8, 1903

9. AGE last birthday: 52 yrs.

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Gen Store10b. KIND OF BUSINESS OR
INDUSTRY: Mercantile

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT
COUNTRY? USA

13. FATHER'S NAME:

James H. Adams

14. MOTHER'S MAIDEN NAME:

Jennie G. Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS:

Mrs. Lillian Adams, Marumsco, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4201
Immediate cause (a) _____

DUE TO _____

Antecedent cause(s) (b) _____

Diseases or conditions, if any, giving rise to the above cause

DUE TO _____

stating underlying cause last (c) _____

BUREAU V. S.

FEB 20 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02149

2159 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN <u>Crisfield</u>		STATE <u>Md.</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Crisfield</u> STREET ADDRESS <u>39</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>79 McCready Hospital</u>		(If rural give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
<u>Joseph</u> <u>J.</u> <u>Byrd</u>		<u>Feb. 9</u> <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 17, 1896</u>
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Marion Station</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Wm. Henry Byrd</u>		14. MOTHER'S MAIDEN NAME <u>Addie Miles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No.</u>		16. SOCIAL SECURITY NO. <u>213-18-5787</u>	
17. INFORMANT & ADDRESS <u>Delta Byrd - 103 S. 4th Street, Crisfield, Md.</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>5122</u> IMMEDIATE CAUSE (A) <u>Uremia, Acute Dil. of heart</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Cerebral Hemorrhage</u> DISEASES OR CONDITIONS, IF ANY, (B) <u>Chronic Art Nephritis, Chronic Myocarditis</u> , DUE TO (C) <u>about 2 yrs</u> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chronic Art Nephritis, Chronic Myocarditis</u>			
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 21</u> , <u>1956</u> , to <u>Feb. 9</u> , <u>1956</u> , that I last saw the deceased alive on <u>2-9-56</u> , and that death occurred at <u>4:30 P.M.</u> from the causes and on the date stated above.		ADDRESS (Street, city, town, state) <u>Marion Sta. Md</u>	
SIGNATURE <u>George C. Bullock</u>		DATE SIGNED <u>2-11-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb. 12, 1956</u>	
24. REC'D BY REGISTRAR		NAME OF CEMETERY OR CREMATORIAL <u>Asbury M. Lawsonia Crisfield, S. M. Co. Md.</u>	
DATE <u>2-11-56</u>		LOCATION (City, town, or county) <u>Chas. H. Ward - Marion Sta. Md.</u>	
REGISTRAR'S SIGNATURE <u>Nellie D. Payne</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. H. Ward - Marion Sta. Md.</u>	
ADDRESS			

BUREAU V. 8

ALLEGEDLY

2155

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

COUNTY Somerset MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR and give nearest town) (in this place)
 TOWN Crisfield 40 years
 HOSPITAL OR STREET ADDRESS 615 W. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN Crisfield
 STREET ADDRESS (If rural give location)
 615 W. Main St.

3. NAME OF
DECEASED:
(First)
(Type or Print)

(Middle)

(Last)

4. DATE
(Month) (Day) (Year)
OF
DEATH: February 2 19 56

5. SEX:

6. COLOR OR
RACE: Male White7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Married8. DATE OF BIRTH:
April 15, 18819. AGE last birthday: 74 yrs. IF UNOER 1 YEAR
IF UNOER 24 HRS.
Months Days Hours Min.10a. USUAL OCCUPATION Give kind of
work done during most of working life,
even if retired): Owner10b. KIND OF BUSINESS OR
INDUSTRY: Department Store

11. BIRTHPLACE (State or foreign country): Minsk, Russia

12. CITIZEN OF WHAT
COUNTRY? USA

13. FATHER'S NAME:

Unknown

14. MOTHER'S MAIDEN NAME:

Unknown

15. WAS DECEASED EVER IN U.S. ARMEO FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

615 W. Main St.
Mrs. Celia Crandall- Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause

(a) *Pulmonary Edema*Interval Between
Onset And Death

1 hr.

Antecedent causes (s)
Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last.(b) *Hypertensive Heart Disease*

2 mi.

(c) *Hypertension*

1 hr.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

20. AUTOPSY?

Yes No

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?

OF
INJURYWhile at
m. Work At Work While at
Work

22. I hereby certify that I attended the deceased from Jan. 2, 1956, to Feb. 2, 1956, that I last saw the deceased

alive on Feb. 1, 1956, and that death occurred at 1 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)

REMOVAL (Specify)

Feb. 3, 1956

Jewish Cemetery-New York City

New York City, N.Y.

DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

REGISTRAR

Barbara S. Adams

Bradshaw & Sons--Crisfield, Md.

BUREAU V. S

FEB 6 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2156 CERTIFICATE OF DEATH

02151

Reg. Dist. No. 265

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY	Somerset		MARYLAND	STATE	Maryland		
CITY (If outside corporate limits, write RURAL OR end give nearest town)			LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	COUNTY		
TOWN	Crisfield		lifetime	TOWN	Somerset		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Crandall Apts. Chesapeake Ave.		STREET ADDRESS	Crandall Apts. (If rural give location) Chesapeake Ave.			
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	EDNA	NELSON	CULLEN	February	14	19	56
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS.	
Female	White	Divorced	Feb. 10, 1908	48 yrs.	Months	Days	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tomato packing			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)			
			Canning Industry	Crisfield, Maryland			
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			12. CITIZEN OF WHAT COUNTRY?	
Elmer Nelson			Nola Riggan			USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)				Maryland Ave. Mrs. Paul Sterling-Crisfield, Md.			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
1718 IMMEDIATE CAUSE (A) <i>Carcinoma of Cervix c</i>							
ANTECEDENT CAUSE(S) DUE TO (B) <i>metastases to intestines etc.</i>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C)							
STATING UNDERLYING CAUSE LAST.							
4 yrs -							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 1954		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Cervix</i>		20. MEDICAL CERTIFICATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Mar. 18, 1955</i> , to <i>Feb. 17, 1956</i> , that I last saw the deceased alive on <i>Feb. 14, 1956</i> , and that death occurred at <i>11 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>Sarah M. Peyton</i> M.D. <i>33 W. Main - Crisfield, Md.</i> DATE SIGNED <i>2/16/56</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 17, 1956		NAME OF CEMETERY OR CREMATORIUM St. Paul's Cemetery		LOCATION (City, town, or county) Marion Station, Md. (State)	
24. REC'D BY REGISTRAR DATE <i>2/16/56</i>		REGISTRAR'S SIGNATURE <i>Barbara S. Adams</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bradshaw & Sons—Crisfield, Md.			

MISSOURI STATE DEPARTMENT OF HIGHER EDUCATION

CERTIFICATE OF DATA

BUREAU A: 4

1956

FEb 20 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02152

2157 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY	Somerset	MARYLAND	STATE	Maryland	COUNTY
CITY (If outside corporate limits, write RURAL or end give nearest town)		LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)		Somerset
TOWN	Crisfield	lifetime	OR TOWN	Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	316 Chesapeake Ave.		STREET ADDRESS	(If rural give location)	
3. NAME OF DECEASED (First) CARLTON (Middle) ORIS (Last) DIZE			4. DATE (Month) (Day) (Year) OF DEATH February 3, 1956		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH July 5, 1887	9. AGE last birthday 68 yrs.	IF UNDER 1 YEAR Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Barber			10b. KIND OF BUSINESS OR INDUSTRY For Himself	11. BIRTHPLACE (State or foreign country) Crisfield, Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME McClelland Dize			14. MOTHER'S MAIDEN NAME Arintha Dize		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Cove St. Harvey Dize—Crisfield, Md.	
18. MEDICAL CERTIFICATION					
<p>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>420.1 IMMEDIATE CAUSE (A) Myocardial Infarction</p> <p>ANTECEDENT CAUSE(S) DUE TO</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, IF STATING UNDERLYING CAUSE LAST. (B) (C) Coronary Insufficiency</p> <p>INTERVAL BETWEEN ONSET AND DEATH few minutes</p> <p>9 mo.</p>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 20</u> , 1956, to <u>Feb 3</u> , 1956, that I last saw the deceased alive on <u>Jan 20</u> , 1956, and that death occurred at <u>100 P.M.</u> from the causes and on the date stated above.					
<p>SIGNATURE <u>A. N. Ban</u></p> <p>M.D.</p> <p>ADDRESS (Street, city, town, state) <u>Crisfield, Maryland</u></p> <p>DATE SIGNED <u>2/4/56</u></p>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 5, 1956		NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery	
24. REC'D BY REGISTRAR DATE <u>Feb. 5, 1956</u>		REGISTRAR'S SIGNATURE <u>Barbara S. Adams</u>		LOCATION (City, town, or county) Crisfield, Maryland	
DATE <u>Feb. 5, 1956</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bradshaw & Sons—Crisfield, Md.	

BUREAU V. S.

ALGAEIVE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02153

2160

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
Somerset MARYLAND		a. STATE Md.	
Xb. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		b. COUNTY Somerset	
Crisfield - Som. Co.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
10 days		Marion Station	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
79 Edward McCready Hospital		/	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First	Middle
Edward		T.	Hickman
4. DATE OF DEATH		Month	Day
Feb		27	1956
5. SEX		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
Male Colored		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
Seafood Worker		—	Marion Sta., Som. Co.
12. CITIZEN OF WHAT COUNTRY?		U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George Hickman		Elizabeth Ward	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
NO.		17. INFORMANT	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH	
331X		Cerebral Hemorrhage - Acute Dil. of Heart	
DUE TO		36 hrs.	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		years	
{ (b) DUE TO		General Arteriosclerosis -	
{ (c) DUE TO		Hypertension	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Feb 13, 1956, to Feb 27, 1956, that I last saw the deceased alive on Feb 27, 1956, and that death occurred at M, from the causes and on the date stated above.		ADDRESS (Street, city or town, state) DATE SIGNED	
ACTUAL SIGNATURE		George C. Caulbourn M.D. MARION STATION 2-29-56	
PHYSICIAN'S NAME (Type)		GEORGE C. CAULBOURN MD.	
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF	
Burial		3/1/56	
22c. NAME OF CEMETERY OR CREMATORIAL		22d. LOCATION (City, town, or county) (State)	
Hendersons Memorial		Marion Sta., Som. Co., Md.	
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
Charles H. Ward - Marion Station, Md.		24a. REC'D BY REGISTRAR	
		DATE 2/29/56	
		24b. REGISTRAR'S SIGNATURE	
		Nellie D. Payne	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 24 hours after death.

STATE OF GEORGIA
CERTIFICATE OF DEATH

STATE OF GEORGIA - ATLANTA

DEPARTMENT OF PUBLIC SAFETY

BUREAU V. S.

MAR 15 1956

SEARCHED INDEXED
SERIALIZED FILED

1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02154

2161

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH a. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rumbley		c. LENGTH OF STAY IN 1b 60 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rumbley		d. STREET ADDRESS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 00						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Aubrey		First	Middle	Last	4. DATE OF DEATH Feb. 24 1956	Month	Day	Year	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH March 19, 1886	9. AGE (In years lost birthday) 69 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waterman		10b. KIND OF BUSINESS OR INDUSTRY waterman		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME William Holland		14. MOTHER'S MAIDEN NAME Emma Daugherty							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Ida Holland Rumbley, Maryland		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 162X		DUE TO Respiratory Paralysis				INTERVAL BETWEEN ONSET AND DEATH Two months			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b)		DUE TO Metastatic Carcinoma of Brain				9 mos.			
		DUE TO Primary Carcinoma of Lung				13 mos.			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour a. p.m. p. m.	Month 19	Day	Year	20d. INJURY OCCURRED White Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)	
21. I certify that I attended the deceased from Oct 1955 to Feb 24 1956 , that I last saw the deceased alive on 19 , and that death occurred at M , from the causes and on the date stated above. ACTUAL SIGNATURE A. N. Barr		M.D.		ADDRESS (Street, city or town, state) Oxford, Md.		DATE SIGNED 2/25/56			
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 2-26-1956		22c. NAME OF CEMETERY OR CREMATORIAL Fairmount cemetery		22d. LOCATION (City, town, or county) Fairmount, Maryland			
23. FUNERAL DIRECTOR'S SIGNATURE Levin R. Wilson		ADDRESS Princess Anne, Md.		24a. REC'D BY REGISTRAR DATE 2/28/56		24b. REGISTRAR'S SIGNATURE R. D. Johnson, M.D.			

CERTIFICATE OF DEATH

Date of Birth

Date of Death

Cause of Death

Place of Death

Name of Physician

Name of Hospital

Name of City

Name of State

Name of County

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

Name of City

Name of State

Name of County

Name of Hospital

BUREAU V.

MAR 1 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02155

2162

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH a. COUNTY <i>Somerset</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Princess Anne</i>		b. COUNTY <i>Somerset</i>				
c. LENGTH OF STAY IN 1b <i>00</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BOX <i>Princess Anne x R. F. D. 1 100</i>				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>00 R. F. D. 1 Box 100</i>		d. STREET ADDRESS <i>1</i>				
3. NAME OF DECEASED (Type or Print) <i>Fletcher</i>		4. DATE OF DEATH <i>Feb 27 1956</i>	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4-16-1888</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Waitress</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Waitress</i>				
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>				
13. FATHER'S NAME <i>Charles Jones</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Jackson</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>214-28-8291</i>				
17. INFORMANT <i>Charles Jones</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Myocarditis</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. <i>422.2</i> (b) DUE TO (c)				
		INTERVAL BETWEEN ONSET AND DEATH <i>6 mths</i>				
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p. m.		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Princess Anne</i>	20f. (City or town) <i>Maryland</i>	(County) <i>Md.</i>	(State) <i>Md.</i>
21. I certify that I attended the deceased from <i>Jan 27, 1956</i> to <i>Feb 27, 1956</i> that I last saw the deceased alive on <i>Feb 24th, 1956</i> , and that death occurred at <i>6:30p M</i> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>Princess Anne, Md.</i>						
ACTUAL SIGNATURE <i>Eldon G. Madsen</i>		DATE SIGNED <i>3/2/56</i>				
PHYSICIAN'S NAME (Type) <i>Eldon G. Madsen</i>		22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>				
22b. DATE THEREOF <i>3-4-1956</i>		22c. NAME OF CEMETERY OR CREMATORIAL <i>St. Paul Cemetery</i>		22d. LOCATION (City, town, or county) <i>Maryland</i>		
23. FUNERAL DIRECTOR'S SIGNATURE <i>Lewis B. Wilson</i>		ADDRESS <i>Princess Anne, Md.</i>		24b. REC'D BY REGISTRAR DATE <i>3/2/56</i>		24b. REGISTRAR'S SIGNATURE <i>J. P. Johnson, M.D.</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers, from page 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

18

CERTIFICATE OF DEATH

BUREAU V. S.

MAR 5 1952

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10/M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02156

2163 CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH

COUNTY **Somerset**
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN **Princess Anne**
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS
R.F.D.

MARYLAND
 LENGTH OF STAY
 (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED

CITY **Maryland**
 LENGTH OF STAY
 (in this place)

COUNTY **Somerset**

CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **Princess Anne**
 STREET
 ADDRESS
 (If rural give location)

R.F.D.3. NAME OF
 DECEASED
 (Type or Print)

(First) **William** (Middle) **H.** (Last) **Jones**

4. DATE (Month) (Day) (Year)
Feb. 5 1956

5. SEX **male**6. COLOR OR
 RACE **colored**7. SINGLE, MARRIED,
 WIDOWED, DIVORCED,
 (Specify) **married**

8. DATE OF BIRTH

Sept. 12, 18929. AGE last birthday
63
 yrs.10. IF UNDER 1 YEAR
 Months **0** Days **0** Hours **0** Min. **0**10a. USUAL OCCUPATION (Give kind of work
 done during most of working life, even if
 retired) **farmer**10b. KIND OF BUSINESS
 OR INDUSTRY **farmer**

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF WHAT
 COUNTRY? **U.S.A.**13. FATHER'S NAME **Martin Jones**14. MOTHER'S MAIDEN NAME **Ella Jones**15. WAS DECEASED EVER IN U. S. ARMED FORCES?
 (Yes, no, or unk.) **no** (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

Mrs Capitola Jones Pr. Anne, Md.

18. MEDICAL CERTIFICATION

33IX IMMEDIATE CAUSE **(A)****Cerebral Haemorrhage**INTERVAL BETWEEN
 ONSET AND DEATH
18 mths

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, **(B)** GIVING RISE TO THE ABOVE CAUSESTATING UNDERLYING CAUSE LAST, DUE TO **(C)****Hypertension**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
 TO THE DEATH BUT NOT RELATED TO THE
 DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
 (If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
 OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
 While Not while
 at work at work

21f. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from **May 15, 1954, to Feb. 5, 1956**, that I last saw the deceased
 alive on **Jan 31, 1956**, and that death occurred at **9:30 A.M.** from the causes and on the date stated above.

SIGNATURE

Eldon G. Mansman M.D. Princess Anne Md 2-8-56

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
 REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)

(State)

burial**2-8-1956****St. Paul Cemetery****Mt. Vernon, Maryland**

ADDRESS

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

DATE **3/10/56****R. S. Johnson, M.D.****Lewis R. Wilson, Pr. Amy, Md.**

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02157

2164

CERTIFICATE OF DEATH

265

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Somerset		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crisfield		c. LENGTH OF STAY IN 1b 1 day		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station		d. STREET ADDRESS /		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 79 McCready Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) EDWARD		First	Middle	Last	4. DATE OF DEATH February 20	Month	Day	Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 3, 1872	9. AGE (in years from birth) 83 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY General Store		11. BIRTHPLACE (State or foreign country) Fairmount, Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Francis Wesley Landon		14. MOTHER'S MAIDEN NAME Margaret Cox						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 220-32-0626		17. INFORMANT Mrs. Elizabeth M. Landon—Marion Station, Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.2 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.		DUE TO (b) DUE TO (c)		Anemia, Acute Dil of Heart Pulmonary Infarction Chronic Impaired, Chronic heart failure		INTERVAL BETWEEN ONSET AND DEATH 72 hrs. 72 hrs. years.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	Day	Year	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Marion Station	(County)	(State)
21. I certify that I attended the deceased from _____		At intervals, 19 54 to Feb. 20, 1956		that I last saw the deceased alive on Feb. 20, 1956, and that death occurred at 7:00 P.M., from the causes and on the date stated above.		ADDRESS (Street, city or town, state)		DATE SIGNED 2-21-56
ACTUAL SIGNATURE George C. Coulbourne		M.D.		Marion Station, Md.				
PHYSICIAN'S NAME (Type) George C. Coulbourne, M.D.		Marion Station, Maryland						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Feb. 23, 1956	22c. NAME OF CEMETERY OR CREMATORIAL Fairmount Cemetery		22d. LOCATION (City, town, or county) Fairmount, Maryland		(State)		
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons—Crisfield, Maryland		ADDRESS		24a. REC'D BY REGISTRAR DATE 2-21-56	24b. REGISTRAR'S SIGNATURE Nellie R. Payne			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU V. S.

FEB 21 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02159

2165 CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Somerset Princess Anne	MARYLAND LENGTH OF STAY (in this place) 6 mon.	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	20 R.F.D.	STREET ADDRESS (If rural give location)	20 x-2 Camden Ave. Ext.
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
James T. Owens		Feb. 27 1956	
S. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, SPECIFY Widowed	8. DATE OF BIRTH July 7, 1872
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Uriah Owens		14. MOTHER'S MAIDEN NAME Susan Bridgell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT & ADDRESS Ralph Porter, Princess Anne, R.F.D.		18. MEDICAL CERTIFICATION	
<p>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>422.1 IMMEDIATE CAUSE (A) <i>Chronic Myocarditis</i> ANTECEDENT CAUSE(S) DUE TO <i>Gen. Atherosclerosis</i> DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <i>Senility</i> (C) <i>Recent left pleurisy + Bronchitis</i></p> <p>INTERVAL BETWEEN ONSET AND DEATH 10 yrs. 10 yrs. 20 yrs. 1 week</p> <p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</p>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M. at work		21f. HOW DID INJURY OCCUR? White Not white at work at work	
22. I hereby certify that I attended the deceased from <i>Oct. 1, 1955</i> , to <i>Feb. 27, 1956</i> that I last saw the deceased alive on <i>2-27-1956</i> , and that death occurred at <i>11:15 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>Al Lewis</i> M.D.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial		DATE THEREOF Mar. 1, 1956	
24. REC'D BY REGISTRAR DATE <i>3/3/56</i>		REGISTRAR'S SIGNATURE <i>R. H. Johnson, M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		<i>James Hinman, Princess Anne, Md.</i>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2166 CERTIFICATE OF DEATH

02160

Reg. Dist. No. 2160

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	Somerset	MARYLAND	STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL OR end give nearest town)	LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL end give nearest town)
TOWN Princess Anne	11 yrs		TOWN Princess Anne
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS		(If rural give location)
3. NAME OF DECEASED (First) (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH	
Phillip J. Plott		Feb 23 1956	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, Separated	8. DATE OF BIRTH Mar 27 1890
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Real Estate Broker	11. BIRTHPLACE (State or foreign country) New Jersey	9. AGE last birthday 65 yrs.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Isaac Hull Plott	Emmeline Haraldine		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or und.) No.	16. SOCIAL SECURITY NO. 203-70-9358	17. INFORMANT & ADDRESS	18. MEDICAL CERTIFICATION
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from alive, on Feb. 23, 1956, and that death occurred at 10:15 PM, from the causes and on the date stated above.		ADDRESS (Street, city, town, state)	
SIGNATURE Leo M. Johnson		DATE SIGNED Feb. 24, 1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 2/24/56	NAME OF CEMETERY OR CREMATORIUM Memorial Cemetery Princess Anne Md.	LOCATION (City, town, or county) (State)
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE R. S. Johnson M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE 2/27/56	James L. Johnson Princess Anne Md.		

GENERAL STATE DEPARTMENT OF HAWAII-GAIZINGER, 10

DEPARTMENT OF DEATH

DEATH

11722

BUREAU V. S.

FEB 29 1956

RECEIVED

2167 CERTIFICATE OF DEATH

Item 9, Film G193 2-29-56 et

Reg. Dist. No. 261

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this time, the bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this time, the certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Somerset STATE MARYLAND		STATE Md. COUNTY Somerset	
CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Rehoboth		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rehoboth	
LENGTH OF STAY (In this place) 6 yrs.		STREET ADDRESS (If rural give location) 	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 			
3. NAME OF DECEASED (Type or Print) Charlie		4. DATE (Month) (Day) (Year) OF DEATH Feb. 17 1956	
5. SEX M	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH May 25, 1903
9. AGE last birthday 52	10. KIND OF BUSINESS OR INDUSTRY Farm Labor	11. BIRTHPLACE (State or Foreign country) Georgia	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Unknown	14. MOTHER'S MARRIED NAME Maria Waters	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No.	
16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Sister, Waters-Bocomoke Md.	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 Myocardial Condition (Found dead in bed)			
IMMEDIATE CAUSE (A) Myocardial Condition ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) (Found dead in bed) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) None			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. myocarditis, Nephritis, General Arteriosclerosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 16, 1956 , to Feb. 17, 1956 , that I last saw the deceased alive on Feb. 16, 1956 , and that death occurred at 7:21 A.M. from the causes and on the date stated above. SIGNATURE George G. Gauthier			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2/21/56	
24. REC'D BY REGISTRAR 		NAME OF CEMETERY OR CREMATORIAL Ward's Memorial	
DATE 2-20-56		LOCATION (City, town, or county) Marion Sta., Som. Co. Md.	
REGISTRAR'S SIGNATURE Nellie F. Payne		25. FUNERAL DIRECTOR'S SIGNATURE Charles H. Ward - Marion Sta., Md.	
ADDRESS 		ADDRESS Box 235.	

STATE CERTIFICATE OF DEATH

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	8010	8011	8012	8013	8014	8015	8016	8017	8018	8019	8020	8021	8022	8023	8024	8025	8026	8027	8028	8029	8030	8031	8032	8033	8034	8035	8036	8037	8038	8039	8040	8041	8042	8043	8044	8045	8046	8047	8048	8049	8050	8051	8052	8053	8054	8055	8056	8057	8058	8059	8060	8061	8062	8063	8064	8065	8066	8067	8068	8069	8070	8071	8072	8073	8074	8075	8076	8077	8078	8079	8080	8081	8082	8083	8084	8085	8086	8087	8088	8089	8090	8091	8092	8093	8094	8095	8096	8097	8098	8099	80100	80101	80102	80103	80104	80105	80106	80107	80108	80109	80110	80111	80112	80113	80114	80115	80116	80117	80118	80119	80120	80121	80122	80123	80124	80125	80126	80127	80128	80129	80130	80131	80132	80133	80134	80135	80136	80137	80138	80139	80140	80141	80142	80143	80144	80145	80146	80147	80148	80149	80150	80151	80152	80153	80154	80155	80156	80157	80158	80159	80160	80161	80162	80163	80164	80165	80166	80167	80168	80169	80170	80171	80172	80173	80174	80175	80176	80177	80178	80179	80180	80181	80182	80183	80184	80185	80186	80187	80188	80189	80190	80191	80192	80193	80194	80195	80196	80197	80198	80199	80200	80201	80202	80203	80204	80205	80206	80207	80208	80209	80210	80211	80212	80213	80214	80215	80216	80217	80218	80219	80220	80221	80222	80223	80224	80225	80226	80227	80228	80229	80230	80231	80232	80233	80234	80235	80236	80237	80238	80239	80240	80241	80242	80243	80244	80245	80246	80247	80248	80249	80250	80251	80252	80253	80254	80255	80256	80257	80258	80259	80260	80261	80262	80263	80264	80265	80266	80267	80268	80269	80270	80271	80272	80273	80274	80275	80276	80277	80278	80279	80280	80281	80282	80283	80284	80285	80286	80287	80288	80289	80290	80291	80292	80293	80294	80295	80296	80297	80298	80299	80300	80301	80302	80303	80304	80305	80306	80307	80308	80309	80310	80311	80312	80313	80314	80315	80316	80317	80318	80319	80320	80321	80322	80323	80324	80325	80326	80327	80328	80329	80330	80331	80332	80333	80334	80335	80336	80337	80338	80339	80340	80341	80342	80343	80344	80345	80346	80347	80348	80349	80350	80351	80352	80353	80354	80355	80356	80357	80358	80359	80360	80361	80362	80363	80364	80365	80366	80367	80368	80369	80370	80371	80372	80373	80374	80375	80376	80377	80378	80379	80380	80381	80382	80383	80384	80385	80386	80387	80388	80389	80390	80391	80392	80393	80394	80395	80396	80397	80398	80399	80400	80401	80402	80403	80404	80405	80406	80407	80408	80409	80410	80411	80412	80413	80414	80415	80416	80417	80418	80419	80420	80421	80422	80423	80424	80425	80426	80427	80428	80429	80430	80431	80432	80433	80434	80435	80436	80437	80438	80439	80440	80441	80442	80443	80444	80445	80446	80447	80448	80449	80450	80451	80452	80453	80454	80455	80456	80457	80458	80459	80460	80461	80462	80463	80464	80465	80466	80467	80468	80469	80470	80471	80472	80473	80474	80475	80476	80477	80478	80479	80480	80481	80482	80483	80484	80485	80486	80487	80488	80489	80490	80491	80492	80493	80494	80495	80496	80497	80498	80499	80500	80501	80502	80503	80504	80505	80506	80507	80508	80509	80510	80511	80512	80513	80514	80515	80516	80517	80518	80519	80520	80521	80522	80523	80524	80525	80526	80527	80528	80529	80530	80531	80532	80533	80534	80535	80536	80537	80538	80539	80540	80541	80542	80543	80544	80545	80546	80547	80548	80549	80550	80551	80552	80553	80554	80555	80556	80557	80558	80559	80560	80561	80562	80563	80564	80565	80566	80567	80568	80569	80570	80571	80572	80573	80574	80575	80576	80577	80578	80579	80580	80581	80582	80583	80584	80585	80586	80587	80588	80589	80590	80591	80592	80593	80594	80595	80596	80597	80598	80599	806
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-----

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2168 CERTIFICATE OF DEATH

02163

Reg. Dist. No. 260

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place) lifetime		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		COUNTY Somerset STREET ADDRESS (If rural give location)	
Somerset Fairmount		Fairmount		Fairmount			
3. NAME OF DECEASED (First) ELSIE (Middle) BOGGS (Last) WATERS				4. DATE OF DEATH (Month) (Day) (Year) February 15 1956			
3. NAME OF DECEASED (Type or Print)		6. COLOR OR RACE Female Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH May 13, 1889	
9. AGE last birthday 66 yrs.		10. KIND OF BUSINESS OR INDUSTRY Seafood Industry		11. BIRTHPLACE (State or foreign country) Fairmount, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafood Laborer				14. MOTHER'S MAIDEN NAME Eliza Maddox			
13. FATHER'S NAME Wimore Boggs				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No			
16. SOCIAL SECURITY NO. 215-14-6915				17. INFORMANT & ADDRESS Box 53 Theodore F. Waters--Lower Fairmount, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
443X IMMEDIATE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE STATEMENT STATING UNDERLYING CAUSE LAST.		ANTECEDENT CAUSE(S) (B) DUE TO STATING UNDERLYING CAUSE LAST.		CONSEQUENT DISEASE (C)		Failure Essential Hypertension Dehydration	
INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 6 yrs. 1 month							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) 19. S.S. to Feb., 1956		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 19. S.S. to Feb., 1956			
22. I hereby certify that I attended the deceased from <u>Dec 19. 55</u> , to <u>Feb., 1956</u> , that I last saw the deceased alive on <u>2/4/56</u> , end that death occurred at <u>5:15 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Basil A. Davney</u> M.D. ADDRESS (Street, city, town, state) DATE SIGNED							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 19, 1956		NAME OF CEMETERY OR CREMATORIUM Centennial Church Cemetery		LOCATION (City, town, or county) Fairmount, Maryland	
24. REC'D BY REGISTRAR DATE <u>Feb 19 56</u>		REGISTRAR'S SIGNATURE <u>R. S. Johnson, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Maryland		ADDRESS	

STATEMENT OF DEATH

100-1000000

STATEMENT OF DEATH

RECEIVED
FEB 20 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 260

1. PLACE OF DEATH:

COUNTY Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Rural PocomokeLENGTH OF STAY
(In this place)
Life -HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY SomersetCITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN Pocomoke R.F.D.STREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

Sarah E Waters4. DATE
OF
DEATH

(Month)

(Day)

(Year)

Feb 1 1956

5. SEX:

6. COLOR OR
RACE7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) widow10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): housewife10b. KIND OF BUSINESS OR
INDUSTRY:

13. FATHER'S NAME:

Nathaniel Ward -

14. MOTHER'S MAIDEN NAME:

Sarah Self -15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

Nancy Waters son - Pocomoke R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a)
DUE TOSenility and debility -INTERVAL BETWEEN
ONSET AND DEATHseveral
years -

Antecedent cause(s)

Diseases or conditions, if any, (b)
giving rise to the above cause DUE TO
stating underlying cause last (c)law patient after deathII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING CAUSE OF DEATH.21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY)21e. INJURY OCCURRED
While at Not while
work at work

21c. (City or town) (County)

(State)

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause
SIGNATURE R. JohnsonCHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
Feb 3-5623. BURIAL, CREMATION,
REMOVAL (Specify): BuryDATE REC'D. BY LOCAL
REG. 2/3/56DATE THEREOF 2/4/56REGISTRAR'S SIGNATURE J. S. Johnson, M.D.

24. CORONER DIRECTOR

LOCATION (City, town, or county) (State)
Pocomoke, Maryland

ADDRESS

97

RECEIVED
FEB 8 1966

BUREAU V. S

2170

CERTIFICATE OF DEATH

Reg. Dist. No. 261-

1. PLACE OF DEATH: COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md.</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Route 1, Marion</u>		LENGTH OF STAY (in this place) <u>18 yrs.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS <u>(If rural give location)</u>	
3. NAME OF DECEASED: (Type or Print) <u>Helen Emma Whittington</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>Feb. 12 1956</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>Negro</u>	7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>Sept. 29, 1887</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u></u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13. FATHER'S NAME: <u>Harriet Whittington</u>		14. MOTHER'S MAIDEN NAME: <u>Jenny Whittington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>215-18-4359</u>	
17. INFORMANT & ADDRESS: <u>Argah Whittington - Marion - Md.</u>		18. MEDICAL CERTIFICATION (A) <u>Coronary Condition</u> DUE TO (B) <u>Lebrouic Myocarditis + Respiratory</u> DUE TO (C) <u>General arteriosclerosis</u> <u>Cardio renal asthma</u>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR? <u>Autovale</u>	
22. I hereby certify that I attended the deceased from <u>Feb. 11, 1956</u> , to <u>Feb. 12, 1956</u> , that I last saw the deceased alive on <u>Feb. 11, 1956</u> , and that death occurred at <u>3:00 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>George G. Boullum</u> ADDRESS <u>Marion Sta. Md. 2-13-56</u> DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>215:56</u> NAME OF CEMETERY OR CREMATORIAL <u>Family Cemetery</u> LOCATION (City, town, or county) (State) <u>Marion, Somerset Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>2-13-56</u>		REGISTRAR'S SIGNATURE <u>Willie D. Payne</u> FUNERAL DIRECTOR ADDRESS <u>George W. Tidghman - Marion Md.</u>	

BUREAU V. 2

FEB 20 1956

RECEIVED